



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Julie Dunn**Group Art Unit:** 2645**Application No.:** 10/090,368**Examiner:** Matthew Genack**Filed:** March 4, 2002**Title:** "Automated Telephone Assistant Device and Associated Numbers"**VIA FACSIMILE 571-273-8300**

TC2600

Attn: Examiner Matthew Genack

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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November 8, 2006Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1). The cited reference is as follows:

Scott Swix 7,086,075 08/2006

This Information Disclosure Statement is being submitted subsequent to the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

11/13/2006 AWONDAF1 00000001 10090368

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180.00 OP

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters

Attorney for Applicants

Registration No. 45,197

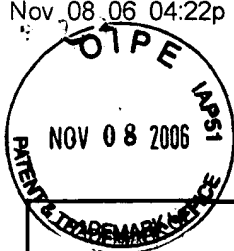
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Date: November 8, 2006

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number 10090,368

Filing Date March 4, 2002

First Named Inventor Julie Dunn

Art Unit 2645

Examiner Name Matthew W. Genack

Attorney Docket Number BS01432

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☒ Power of Attorney, Revocation
Change of correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals
and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature

Bambi Faivre Walters

Date

November 8, 2006

CERTIFICATE OF TRANSMISSION / MAILING

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Maureen M. Pettine

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11/8/2006

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Maureen M. Pettine

<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"> FEE TRANSMITTAL NOV 08 2006 <small>Applicant claims small entity status. See 37 CFR 1.27</small> </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> </div> </div>				Application Number: 10/090,368 Filing Date: March 4, 2002 First Named Inventor: Julie Dunn Examiner Name: Matthew W. Genack Art Unit: 2645 Attorney Docket No.: BS01432																																																							
TOTAL AMOUNT OF PAYMENT		\$180.00																																																									
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:																																																											
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																											
FEE CALCULATION																																																											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																											
<table border="0" style="width: 100%;"> <tr> <th colspan="3" style="text-align: left;">FILING FEES</th> <th colspan="2" style="text-align: left;">SEARCH FEES</th> <th colspan="3" style="text-align: left;">EXAMINATION FEES</th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </table>				FILING FEES			SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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2. EXCESS CLAIM FEES																																																											
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3. APPLICATION SIZE FEE																																																											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																											
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4. OTHER FEE(S)																																																											
Non-English Specification, \$130 fee (no small entity discount)																																																											
Other (e.g., late filing surcharge): Supplemental IDS																																																											
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SUBMITTED BY:																																																											
Name (Print/Type): Bambi F. Walters		Complete (if applicable)																																																									
Registration No. (Attorney/Agent): 45,197		Telephone: (757) 253-5729																																																									
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